

# Outcomes Pharmaceutical Health Care™

Health & Human Services

Appropriations Subcommittee
02.27.2003

#### Market Trends

- Aging population
- Increased FDA approval process
- Drugs treating a wider variety of conditions
- Direct to consumer advertising

...all leading in increased medication use



#### Market Facts

- More physicians are turning to medication as their primary treatment approach
  - Physician prescribing has increased 59% over the past 15 years
  - Physicians are 43% more likely to prescribe multiple drugs today than they were in 1985

Burt, C.W. "National trends in use of medications in office-based practice, 1985-1999." *Health Affairs*, July/August 2002



#### Market Facts

- Many physicians are insulated from information on drug product costs
  - 72% of doctors remained "unaware of drug costs," even after receiving an eight-page pocket guide that outlined average wholesale prices for more than 100 commonly used drugs

Korn, L.M. et al. "Improving physicians' knowledge of the costs of common medications and willingness to consider costs when prescribing." *Journal of General Internal Medicine*, January 2003



#### Market Facts

- As drug prescribing has increased, so have the costs associated with medication waste
  - Adverse drug reactions associated with the misuse of prescription drugs are widespread.
     They reduce the quality of health care received by millions of people and add as much as \$100 billion a year to health care costs

US Department of Health and Human Services, Office of the Inspector General, August 1997



#### **Medication Waste**

- Medication waste occurs whenever:
  - A high cost medication is used when a lower cost alternative was available
  - A patient is non-compliant with their prescribed regimen
  - A patient requires additional medical treatment due to a side effect or reaction to a medication
  - A medication fails to achieve the intended results



- "Health Problems related to the inappropriate use of pharmaceuticals costs the US health care system \$76.6 billion annually"
  - Archives of Internal Medicine

Johnson, JA and Bootman JL, "Drug Related Morbidity and Mortality", Vol. 155, October 1995



- "Health Problems related to the inappropriate use of pharmaceuticals costs the US health care system \$177 billion annually"
  - Journal of the American Pharmaceutical Association

Ernst, FR and Grizzle AJ, "Drug-Related Morbidity and Mortality: Updating the Cost-of Illness Model", Vol. 41, March/Aptil 2001.



- Hospital Admissions
  - 1995 \$47 billion
  - 2000 \$121.5 billion
- Physician Visits
  - 1995 \$7.5 billion
  - 2000 \$13.8 billion
- Deaths
  - 1995 144,000 deaths
  - 2000 218,000 deaths

Johnson, JA and Bootman, JL, "Drug Related Morbidity and Mortality", Archives of Internal Medicine, Vol. 155, October 1995. And Ernst, FR and Grizzle AJ, "Drug-Related Morbidity and Mortality: Updating the Cost-of Illness Model", Journal of the American Pharmaceutical Association, Vol. 41, March/April 2001.





For every **\$1** spent on prescriptions...



...we spend another **\$0.90** on what went wrong with the prescriptions.

Johnson, JA and Bootman, JL, "Drug Related Morbidity and Mortality", Archives of Internal Medicine, Vol. 155, October 1995.









For every **\$1** spent on prescriptions...

...we spend another \$1.60 on what went wrong with the prescriptions.

Ernst, FR and Grizzle AJ, "Drug-Related Morbidity and Mortality: Updating the Cost-of Illness Model", Journal of the American Pharmaceutical Association, Vol. 41, March/April 2001.

- Encompass the skills of community pharmacists to...
  - Assist physicians to prescribe according to established guidelines
  - Assist consumers to get the best possible results from their medications, at the lowest possible cost, with minimal complications



- Structure alternative payment system for participating pharmacies...
  - Reimbursement based on ability to provide a defined set of professional services rather than solely on volume of medication dispensed
  - Requires procedural training of pharmacists
  - Requires documentation of service provision
  - Provides reporting mechanism to payor



- City of Ames Employee Medicap Pharmacy
  - Patient was refilling a prescription for tamoxifen
  - Pharmacist noted patient was not filling the prescription on time – missing an average of 20 doses per month
  - Pharmacist discussed situation with patient and learned the directions were 1 tablet twice daily, and patient reported frequently forgetting evening dose
  - Pharmacist researched that this medication may be taken 2 tablets once daily with equal efficacy and contacted the physician to recommend a change of the directions. The physician agreed
  - Upon follow-up the patient reported being fully compliant



- Aegon Employee Drug Town Pharmacy
  - Patient presented a prescrption for Coreg®
  - With patient's permission, pharmacist contacted physician about lower cost alternative (Tenormin®) which was available in a generic version
  - Physician authorized the conversion
  - Upon follow-up the patient reported no side effects or complications
  - Pharmacist was compensated \$22 for professional services rendered
  - Intervention resulted in \$1,110 per year in drug cost savings



#### Estimated Cost Avoidance (ECA) Model

- Each intervention includes an estimation of the resulting avoided health care utilization
  - Level 7 Life Threatening
  - Level 6 Hospital Admission
  - Level 5 Emergency Room Visit
  - Level 4 Additional Prescription Order
  - Level 3 Additional Physician Visit
  - Level 2 Drug Product Costs
  - Level 1 Improved Quality of Care

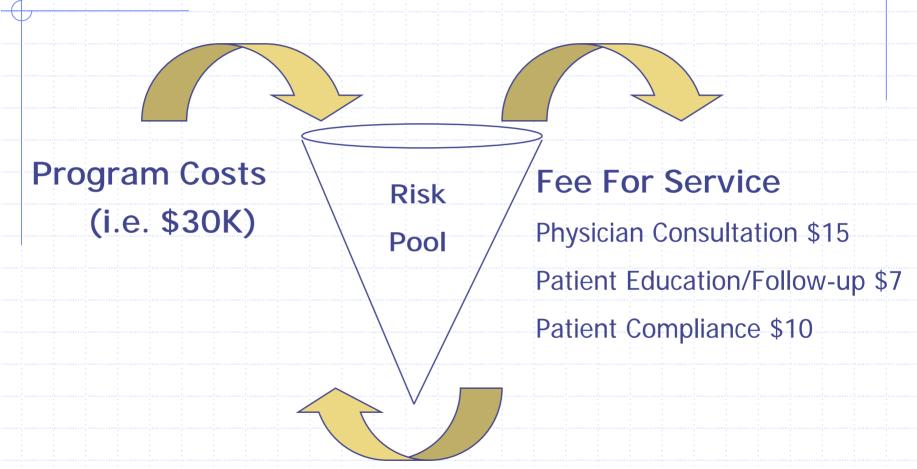


#### Estimated Cost Avoidance (ECA) Model

- Audit/Quality Assurance Process
  - Pharmacist selects 1 of 7 ECA levels
  - QA Inc. provides claims review/quality assurance
    - National Reputation for DUR services
    - Provides DUR services for Iowa Medicaid
    - Reviews intervention claims according to standard procedures and assures that each claim of ECA is "reasonable and foreseeable"
    - Final ECA figures are reported back to payor



# Estimated Cost Avoidance (ECA) Model





ECA (i.e. >\$30K)

## Network Management

- Pharmacy Report Cards
- Pharmacy Comparative Reports

ENCOUNTER STATISTICS				
Description	Amount	Percent \	Score	
Total Prescriptions Filled (Outcomes Program Only)	1,000			
Total Encounter Claims submitted			$\sim$	
Total Estimated Cost Avoidance (ECA)	\$6,200			
Formulary Encounters	40	4.0%	/ 80	
Patient Education & Follow-up Encounters	250	25.0%	83	
Indications, Safety, and Efficacy Encounters	20	2.0%	80	
Compliance Encounters	5	0.5%	\ 20	
ECA per Prescription Filled	\$6.20		73	
Patient or Prescriber Refusal Encounters				
Composite Performance Score (this period)  Composite Performance Score (last period): NA	75 L 2 5 5 7 1	Poor Sub-standard Standard Excellent		
Change in Composite Performance Score: NA	<b>*</b>	5 or greater		

	Total Prescriptions	Total Encounter Claims	% of Formulary Management	% Patient Education/Follow up	% Indications, Safety, & Efficacy	% Compliance	\$ ECA Per Prescription	% Patient/Prescriber Refusals	Composite Performance Score		
The Prescription Shoppe	16		18.8%	37.5%	0.0%	0.0%	\$ 23.25	0.0%	210.0	9 1 Excellent	
Medicap Pharmacy (Coralville)	38		13.2%	21.1%	0.0%	0.0%	\$ 20.68	0.0%	163.9		
Clarks Pharmacy	102	33	12.7%	19.6%	0.0%	0.0%	\$ 17.66	0.0%	146.1		
Hy-Vee Pharmacy #2 (1285)	102	43		37.3%	0.0%	0.0%	\$ 7.10	6.9%	94.3	> 75	
Center Point Family Pharmacy	50	13		18.0%	4.0%	0.0%	\$ 9.58	0.0%	89.9		
Apple Pharmacy	88	25	4.5%	21.6%	2.3%	0.0%	\$ 7.78	0.0%	81.0		ŀ
Reutzel Pharmacy Inc.	101	8		4.0%	2.0%	0.0%	\$ 11.55	0.0%	73.6		
Shepley Snyder Pharmacy	146		6.2%	21.2%	0.7%	0.0%	\$ 5.49 \$ 6.89	0.0%	69.2	Standard	ŀ
Northwest Medical Clinic Pharmacy Drug Town Pharmacy #6 (7019)	105 132	19 43	3.8% 4.5%	11.4% 27.3%	2.9% 0.8%	0.0%	\$ 6.89 \$ 4.46	0.0%	65.9 65.5	50 -75	
		10				0.0%			63.3		ŀ
Drug Town Pharmacy # 7026	303	9	2.0%	1.0%	0.0%	6.6%	\$ 6.73	0.0%	40.6		
Blairs Ferry Family Pharmacy	23	5	8.7%	13.0%	0.0%	0.0%	\$ -	0.0%	39.1		
Tipton Snyder Drug	46	9	0.0%	32.6%	0.0%	0.0%	\$ -	0.0%	32.6		
Amana Society Pharmacy	21	6	0.0%	28.6%	0.0%	0.0%	\$ -	0.0%	28.6	25 - 50	ŀ
Drug Town Pharmacy # 7020	537	61	1.3%	10.1%	0.0%	0.0%	\$ 2.62	0.7%	27.8		Ε.
Fifth Avenue Pharmacy	68 68	9 12	1.5%	11.8%	0.0%	0.0%	\$ 1.10 \$ 0.79	5.9%	27.6		- "
Liberty Pharmacy Drug Town Pharmacy # 7024	349	60	1.1%	16.2% 4.3%	0.0%	0.0%	\$ 3.46	1.5% 0.0%	26.0 25.9		ŀ
Hy-Vee Pharmacy #2 #1055	63	14	0.0%	22.2%	0.0%	0.0%	\$ -	3.2%	25.4		ŀ
A Avenue Pharmacy	37 315	7	2.7%	10.8% 4.8%	0.0%	0.0%	\$ - \$ 0.60	5.4%	24.3	Poor	ŀ
Drug Town Pharmacy # 7022 Drug Town Pharmacy # 7025	1189	20 53	0.8%	3.7%	0.3%	0.0%	\$ 0.43	0.3%	12.9 8.1	< 25	H
Drug Town FriamidLy # 7025	1109	- 53	0.0%	3.7%	0.076	0.076	p 0.45	0.076	0.1		į.

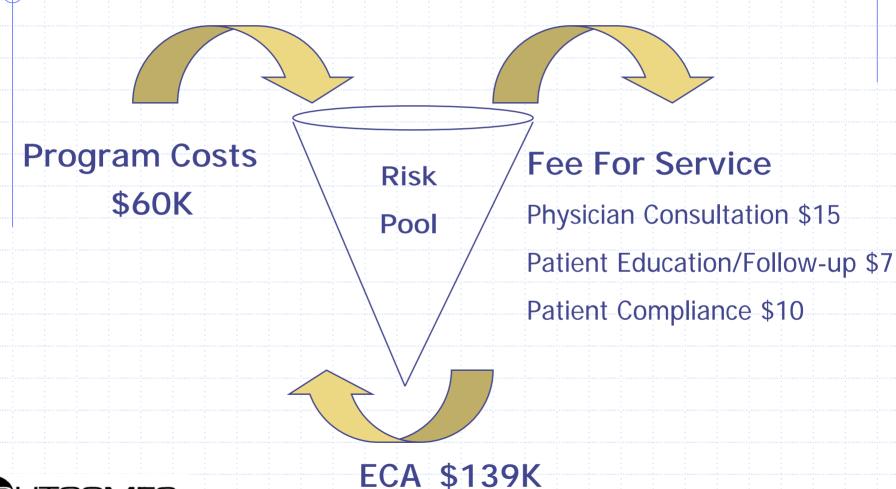


## Employer's Story: One Year Results

- Cedar Rapids area employer consortium
- ◆ Enrolled a portion of its members in an Outcomes™ program
- Maintained other members in a traditional program
- ◆ Outcomes™ measured impact via the ECA model
- Employer consortium measured impact via actual costs

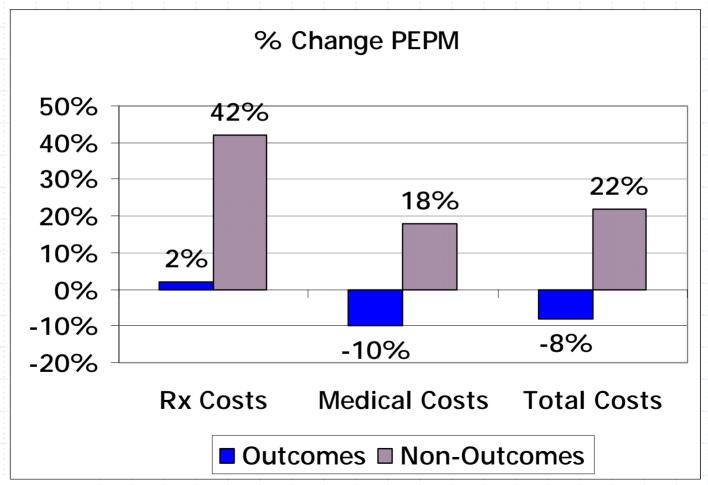


#### Results From ECA Model



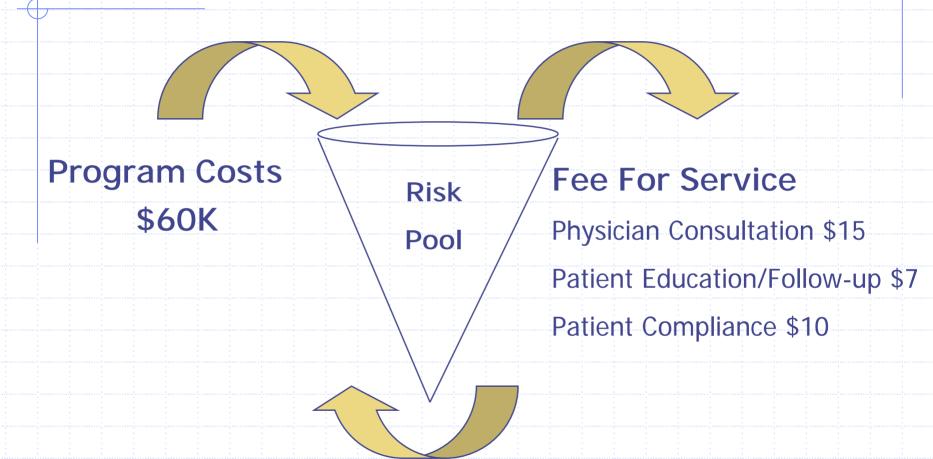


#### Results From Actual





#### ECA Model vs. Actual





ECA Model: \$139K Actual: \$400K

#### Q&A

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